CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	iuide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR FIRST	MI	OFFICE USE ONLY
NAME	NICKNAME LAST	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE / OFFICEHOLDER	11010 10	bilene TX 79606 EXTENSION	Abllene City Secretary APR 6 - 2016 Filed for Record Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR Mrs. NICKNAME Savage	N/Ar -	Receipt # Amount \$ Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SI	A	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (325) 232 - 9212	EXTENSION N/A	
9 REPORT TYPE	January 15 30th day before e		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 01 / 15 / 2016	THROUGH 03/	28 / 2016
11 ELECTION	Month Day Year Primary 05/07/2016 General	ELECTION TYPE Runoff Other Description Special	
12 OFFICE	Ablene City Council - Ple	13 OFFICE SOUGHT (if known	Council - Place 6
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Steve S	Davage	5 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	NOTICE FROM THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S		
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		1
		COMMITTEE ADDRESS	
	SPECIFIC		
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA	
TOTALS	PLEDGE	ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	ED Y
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	* 8,515°
EXPENDITURE TOTALS	IRE 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$
	4. TOTAL POLITICAL EXPENDITURES \$ 3851 17		\$ 385112
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$\$479140		DAY \$\$ 4,79140
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$		** \$ Ø
18 AFFIDAVIT			
			erjury, that the accompanying report is
true and correct and includes all information required to be reported by me under Title 15, Election Code.			
Danette Dunlap (Notary Public State of Texas (
My Commission Expires			
Signature of Candidate or Officeholder			
ID # 519952-7			
Sworn to and subscribed before me, by the said 5.00 Juliu , this the			
Mor	1 1/-		this the
day of http://www.co.le., to certify which, witness my hand and seal of office. Mutture lung takes and the lung to the takes the lung to			
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Steve Savage 20 Filer ID (Ethics Con	nmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	\$ 8515 2
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ Ø
4. SCHEDULE E: LOANS	\$ Ø
5. X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3,7236
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 8
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ Ø
8. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 12757
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ Ø
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ Ø
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ Ø
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ Ø

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) 4 Date out-of-state PAC (ID#:_ Gary Gallaway City; State; Zip Code 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Full name of contributor out-of-state PAC (fD#, Date Amount of contribution (\$) 02-18-16 1102 Fannin St. Employer (See Instructions) Principal occupation / Job title (See Instructions Unknown Unknown Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) 02-18-16 Principal occupation / Job title (See Instructions) Unknown Unknown Full name of contributor Amount of contribution (\$) Date out-of-state PAC (fD#:_ 02-18-16 State; Zip Code City; Abilene 1X 79603 Employer (See Instructions) Principal occupation / Job title (See Instructions) Unknown Un Known

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 7 Amount of contribution (\$) 02-18- Jerry Mc Alister Orallo 6 Contributor address; City; State; Zip Code \$ 2000 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Realton Amber Williams Contributor address; City; State: Zip Code 998 Marve Drive Levisuille, TX 75067 Employer (See Instructions) Employer (See Instructions) ☐ out-of-state PAC (ID#: Date Amount of contribution (\$) 02-21-2016 Principal occupation / Job title (See Instructions unknown - Native Abilinian WILLDAM Full name of contributor out-of-state PAC (ID#:__ Amount of contribution (\$) Date Principal occupation / Job title (See Instructions) Unknown Unhnown Amount of contribution (\$) aut-of-state PAC (10#:__ City; State; Zip Code Contributor address; 2016 525 Fairmont St. Employer (See Instructions) Principal occupation / Job title (See Instructions) Unknown ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Steve Savage	3 Filer ID (Ethics Commission Filers)
4 Date 5 Eyll name of contributor out-of-state PAC (ID#:) 02-21- Oxady Waddell 2016 6 Contributor address; City; State; Zip Code 3449 S 10th St. Abilene (x 79605)	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruct CWNER 4 Ent's Harley	
Date Full name of contributor O2-22- Tim Sm.+h Contributor address; City; State; Zip Gode 19 Riverside Park Abilene, TX 7945	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Firehouse Fil	•
Date Full name of contributor O2-22-16 Contributor address; City; State; Zip Code	Amount of contribution (\$)
H818 May Low May Low In 79606 Principal occupation / Job title (See Instructions) Owner Self - 3D	
Date Full name of contributor O2-22-16 Chantell Galland-, Contributor address; City: State; Zip Code 349 CR 160 (USCOLA, TX 79562	Amount of contribution (\$) 2500
Principal occupation / Job title (See Instructions) Employer (See Instructions) Un Known	tions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	

MONET	ARY POLITICAL CONTRIE	BUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Steve Savage		3 Filer ID (Ethics Commission Filers)
	5 Full name of contributor out-of-state PAC (Borry Williams 6 Contributor address; City; State;	zip Gode TX 79601	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions) Petred	9 Employer (See Instruct ///-	tions)
Date 07-77-16	Full name of contributor out-of-state PAC (Tara Pope Contributor address; City; State; 3526 Armosa Abilene		Amount of contribution (\$)
Principal occup	vation / Job title (See Instructions)	Employer (See Instruct	tions)
Date 072 3 -16	Full name of contributor out-of-state PAC	(iD#:)	Amount of contribution (\$)
Principal occuj	615 Tin Top Estes RI Weatherfor pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 07-34-2011	Contributor address; City; State;	Zip Code 2 1X 79602	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction Self Abilete	Indon Gen Ringe
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS N	EEDED
	If contributor is out-of-state PAC, please see instr	uction guide for additiona	reporting requirements.

SCHEDULE A1

The I	nstruction Guide explains how to complete this form.	1 Total pages Schedule A1: (V
2 FILER NAME	Steve Savase	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
07-74- Joh	Steve Savice	500°
	4810 May Low La Abilese, TX 79606	
8 Principal occup	eation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Owner	1- Stinky Steve	's Septic
Date	Full name of contributor	Amount of contribution (\$)
02-24 -2dx	Contributor address; City; State; Zip Code	000
	25 Juniper Circle Abilene, TY 79605	
	affion / Job title (See Instructions) Employer (See Instruc	
<u> </u>	ner Jimm, Parkn	Kex Whit
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
07-26- 2016	Lawayne Harris Contributor address; City; State; Zip Code	
7010	P.O. BOX 6205 Abilene, TX 79608	750°°
Principal occupa	ation / Job title (See Instructions) Employer (See Instruc	intel '
Ţ.	letired NA-	
Date	Full name of contributor	Amount of contribution (\$)
07-26-16	Sandra Tucker Contributor address; City: State; Zip Code	2500
	125 Lawrence Cir Abilene, TX 79605	
Principal occupa	ation / Job title (See Instructions) Employer (See Instruc	dions)
	Unknown Unknown	
	ALL ADDITIONAL CODITO OF THE COLEDIN EACH	PERE

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

The	Instruction Guide explains how to complete this for	rm.	1 Total pages Schedule A1: \\
2 FILER NAME	Steve Savage		3 Filer ID (Ethics Commission Filers)
4 Date 02-28-16	5 Full name of contributor out-of-state PAC (ID) Brandy Appleton 6 Contributor address: City: State: 1158 Westridge Abilene,	Zip Code TY 79405	7 Amount of contribution (\$)
8 Principal occu	Dation / Job title (See Instructions) UNKnown	Employer (See Instruction Un Hnoいっ	ons)
Date 0ス-28-16	Full name of contributor out-of-state PAC (ID Kendall Hellwell Contributor address; City: State;	Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	
0,	iner	Kendell The Pl	umber
Date 07-28-16	Full name of contributor	#:)	Amount of contribution (\$)
	3134 Cherry Bark Abilere	TX 79606	
Principal occuj	nation / Job title (See Instructions)	Employer (See Instruction Blue Cuss Blue	
Date 03-39-11	Full name of contributor out-of-state PAC (ID) Brooks + Kal Colson Contributor address; City; State;	Zip Code	Amount of contribution (\$)
	1009 Blair St. Abilene, Ti	x 79605	
Principal occur	pation / Job title (See Instructions)	Employer (See Instruction	ons)
	nknown	unknown	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 7 Amount of contribution (\$) 8 Principal occupation / Job title (See Instructions) Owners out-of-state PAC (!D#: Full name of contributor Amount of contribution (\$) Date \$ 500 07-29-16 P.O. BOX 352 Employer (See Instructions) Go Minis Abilene Principal occupation / Job title (See Instructions) Full name of contributor aut-of-state PAC (ID# Amount of contribution (\$) Date 02-29-16 Tuscola Amount of contribution (\$) Full name of contributor Out-of-state PAC (ID#: Date OLMAR Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule At: The instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 7 Amount of contribution (\$) 02-29-16 \$10000 5249 Hary 2775 APT 276 Ability TX 79607 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Arr Fune Officer Date Amount of contribution (\$) Dlen Reese OI MAR 16 Principal occupation / Job title (See Instructions) Employer (See Instructions) Unknown Dut-of-state PAC (ID#:_ Date Amount of contribution (\$) OI MAKIL \$ 2000 Employer (See Instructions) Principal occupation / Job title (Ser Unfingua Unknown Full name of contributor Date Amount of contribution (\$) out-of-state PAC (ID#: Of MAR 2016 Employer (See Instructions) Principal occupation / Job title (See Instructions) Pacher ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Steve Source	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
02 MAR 2016	- Susan Savage Hallmark 6 Contributor address: City; State; Zip Code	\$ 1000
	149 Parker Drive Abolene, TX 79602	
8 Principal occur	Accountant Janes Lang Las	
Date	Full name of contributor	Amount of contribution (\$)
2016 2016	Brad Birthum Contributor address; City; State; Zip Code	\$ 10000
	#9 Greenthread Abilene, TX 7960s ation/Job title (See Instructions) Employer (See Instruc	
Principal occup	ation / Job title (See Instructions) Heriff's Deputy Taylor Coun	tions) Ly Sheriff's Office
Date 03-03-16	Full name of contributor [] out-of-state PAC (ID#:) JULIO CESCY MUTENO Contributor address; City; State; Zip Code	Amount of contribution (\$)
	2118 N. 85 St. Aline, TX 79603	
Principal occur	pation / Job title (See Instructions) Employer (See Instruc	ations)
	Unknown Unknown	
Date 03-16	Full name of contributor out-of-state PAC (ID#:) Paul JohnSon Contributor address; City: State: Zip Code	Amount of contribution (\$)
	4633 S.14th Abilene, TX 79605	
Principal occur	pation / Job title (See Instructions) Employer (See Instructions) Paul Juhsun	ctions) Rec1 Estate

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 7 Amount of contribution (\$) 8 Principal occupation / Job title (See Instructions) Owners Out-of-state PAC (ID#: Date 03-04 -Principal occupation / Job title (See Instructions) Date aut-of-state PAC (ID#: Amount of contribution (\$) 03-04-JOIL Employer (See Instructions) Automotive ()wners Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) C3 MAIL 2016 Principal occupation / Job title (See Instructions) Employer (See Instructions) Unknown ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED if contributor is out-of-state PAC, please see instruction guide for additional reporting requirements. Revised 9/8/2015 www.ethics.state.tx.us Forms provided by Texas Ethics Commission

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 7 Amount of contribution (\$) 08 MM Thomas Boothe 6 Contributor address; Unknowa Unknown Full name of contributor Out-of-state PAC (ID#:_ Date Amount of contribution (\$) 11/11/2 2016 Principal occupation / Job title (See Instructions) Employer (See Instructions) ALL AMERICAN DOORS Owner Full name of contributor ut-of-state PAC (ID#; Date Amount of contribution (\$) 11 M4R 2016 Principal occupation / Job title (See Instructions) Vice President Permer & Associates Amount of contribution (\$) out-of-state PAC ((D#:_____ 11-MAR 2016 38 Yorktown Abilene TX Principal occupation / Job title (See Instructions) Employer (See Instructions) Un Kinswn ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 7 Amount of contribution (\$) 11 mart Sterling Robertson. Contributor address; City: \$ 2500 2015 Owner ut-of-state PAC (ID#: Date Amount of contribution (\$) 14 MAIR 2016 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of contribution (\$) 14 MAR Jolh Principal occupation / Job title (See Instructions) Unknown Unknown Amount of contribution (\$) Date out-of-state PAC (ID#: 14 MAR Contributor address: 2016 Principal occupation / Job title (See Instructions))WNER ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE AT 1 Total pages Schedule A1: The Instruction Guida expisins how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 Date 7 Amount of contribution (\$) (lnny Smith 6 Contributor address; City: State: Zip Code 14 MAR 201h 4101 Bub-O-Link Abilene, TX 79603 8 Principal occupation / Job title (See Instructions) Co-rowner / Manager | Runnie Smith Trans mission Cout-of-state PAC (108:__ Amount of contribution (\$) 15 MAR City; State; Zip Code 2016 Abilene, TX 79602 Principal occupation / Job title (See Instructions) Unknown Unknown out-of-state PAG (ID#;__ Date Amount of contribution (S) 15MAR 2016 2 Mesa Ridge Abilene, TX 79602 Principal occupation / Job title (See Instructions) | Employer (See Instruc Employer (See instructions) Unknowa Amount of contribution (\$) Full name of conjuitutor Out-of-state PAC (ID#:_ Date MAIL Abler TX 79602 Principal occupation / Job title (See Instruction Unknow-Unknown ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guida for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 7 Amount of contribution (\$) 16 MAR Mr. Rubinson. \$ 1175 OWNER Out-of-state PAC (IDs:____ Date Amount of contribution (\$) 3-16-16 \$ 200= City; State; Zip Gode Ablene TX 79601 Principal occupation / Job title (See Instructions) Employer (See Instructions) Compbell contamers aut-ol-state PAC (10#; Date Amount of contribution (\$) cw-1er Amount of contribution (\$) Dete Full name of contributor 3-16-16 Principal occupation / Job title (Se ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1			
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Steve Sauge		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	(IDE)	7 Amount of contribution (\$)
3-24-16	Trene Grant 6 Contributor address; City, State	· ·	\$5000
	2333 Kerry Ln Al		
8 Principal occur	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
· · · · · · · · · · · · · · · · · · ·	Un K no Un	MUSUM	
Date	Full name of contributor	C (10#:)	Amount of contribution (\$)
8-28-16	James Karcher Contributor address; City, State	e; Zip Code	\$1000
	401 Cant, Ray Tisk	cola, (x 79562	
	pation / Job title (See Instructions)	N/A	tions)
3-28-16	Full manne of contributor mat-of-state PA Randy Shytles Contributor address; City: State 2078 Saules Abil	e, zipcode	Amount of contribution (S)
1	position / Job title (See Instructions) Self employed	Employer (See Instru	ctions)
Date	Full name of contributor		Amount of contribution (\$)
03-28-	Constitute and the same of the	te; Zip Code	\$ 1000
160	13184 Ivy La Abile	4.7	retirant)
Principal occi	Spation / Job title (See Instructions)	Martin S	Prochet + Gear
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is cut-of-state PAC, please see instruction guide for satisficated reporting requirements. Forms provided by Texas Ethics Commission Were ethics state by use the satisfication of the satisfic			

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The instruction Guide expisies how to complete this form. 2 FILER NAME 3 Filer ID (Ethies Commission Filers) 4 Date 7 Amount of contribution (S) 3-28-16 8 Principal occupation / Job titl Oct-of-state PAC (108; Amount of contribution (\$) 3-28-16 Date Amount of contribution (S) 3-28-16 Principal occupation / Job file (See Instructions) Amount of communion (\$) Cete Full name of contributor One-of-state PAC (EDE: City: State; Zip Code Consilience address: Employer (See Instructions) Principal occupation / Job file (See instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out of claim PAC, please see instruction guide for additional reporting requirements. Revised 9/8/2015 www.ellies.state.tx.us Forms provided by Texas Ethics Commission

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this for	rm. 1 Total pages Schedule A2:		
2 FILER NAME Steve Sauage	3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRI	IBUTIONS \$ 0		
5 Date 6 Full name of contributor out-of-state PAC (IDH. 33 MAR John Decker 7 Contributor address: City: State: Zip Co 245 MADERA WAY Abilene, TX	Contribution \$. description		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)			
12 Contributor's principal occupation (FOR JUDICIAL)	In Sight Sign (Zenta) S 13 Contributor's job title (FOR JUDICIAL) (See Instructions)		
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date Full name of contributor □ out-of-state PAC (ID#:	Amount of In-kind contribution Contribution \$ description		
Contributor address; City; State; Zip Co	ode Check if travel outside of Texas. Complete Schedule T.		
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL)(See Instructions)		
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Credit Card Payment	The Instruction Guide explains how to o	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME Steve Savage	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	^.
07 MAR 2016	Circle 66 Out	ritters
6 Amount (\$)	7 Payee address; City; State; Zip Code	
3,681 56	P.a. Box 4183 Abilene	TX 79608
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	Advertising Expense	Check if travel outside of Yexas. Complete Schedule T. Check if Austin, TX, officeholder flying expense
	Compaign Signs	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Steve Savage A	Office sought Office held billine (ity Concil Place b Abiline (ity Concil Place b
Date(5)	Payee name	
Jan-15-2016 — MAR 28 2016	Paypal	
Amount (\$)	Payee address; City; State; Zip Code	
42°4	Online Website - unn	nown Address
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	7	Check if Austin, TX, officeholder living expense
	tels (fransaction fees from applied	
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OF	Steve Savage AL	lene City Council-Place Ablese City Council-Place 6
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Oescription Check if travel outside of Texas. Complete Schedule T. Check it Austin, TX, officeholder living expense
EXPENDITURE		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a) Event Expense Advertising Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Politing Expense Travel In District Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Legal Services Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) The instruction Guide explains how to complete this form. 2 FILER NAME 1 Total pages Schedule F4: 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date 6 Payee name Feb 18 2016 7 Amount (\$) 8 Payee address; City; State; Zip Code 375-22761 Hamburg-German TYPE OF Political Non-Political EXPENDITURE 10 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense EXPENDITURE 11 Complete ONLY if direct Office sought expenditure to benefit C/OH Abulene Abilene y COUNCIL - Place 1 Payee name Payee address; hebsite. unknown address TYPE OF Non-Political EXPENDITURE Description Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense EXPENDITURE Office sought Complete ONLY if direct expenditure to benefit C/OH Ablene City Courcil-6 avage Abilene CityConcil-6 ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Revised 9/8/2015